

Date

Dear Water Recreation Illness Prevention Partners,

We write this letter to share with you the results of our “End of Swimming Season Survey— 2001” and to begin working with you on our 2002 Water Recreational Illness (WRI) prevention efforts.

We will be calling you soon to arrange a meeting in March. The purpose of the meeting will be:

1. To share our experiences with the 2001 WRI prevention efforts and make suggestions on how HHS can improve them for 2002, and...
2. To brainstorm and critique new ideas for the upcoming swimming season.

If you know of other community partners that should participate, please contact us so that we can invite them.

We are also sending this letter and enclosed materials to other interested local, state and national health professionals so they can learn from our experiences. As we shared with you before, we don't know of any other community that is working on the prevention of WRIs without having a previous outbreak. You have been pioneers in trying new ideas and generous in sharing your prevention experiences. Many people will benefit from learning what we have learned from you.

We hope that 2002 will be an exceptionally healthy and safe new year for you and your young swimmers! We look forward to working with you again.

Regards,

Rebecca Brown, Environmental Health Specialist

Pamela Wild, Public Health Educator

Enclosures

**Water Recreational Illness Prevention Project:
End of Swimming Season Report—2001**

Whatcom County Health and Human Services

by

Pamela Wild, Public Health Educator

January 31, 2002

In the Spring of 2001 Whatcom County Health and Human Services' (HHS) Environmental Health Division embarked on a Water Recreational Illness (WRI) Prevention Project.

The public health concern...

In this project "Water Recreational Illnesses" were defined as enteric diseases (such as E. coli infection, Norwalk virus, salmonellosis, giardiasis) that could be contracted from Whatcom County's freshwater recreational areas. Outbreaks of these diseases have occurred in several communities in the Pacific Northwest. Whatcom County, however, has had no known outbreak. Swimmer's itch was also included because of its perennial prevalence, immediate discomfort and that it could act as a "hook" to educating citizens about the other diseases.

The target population of concern was children up to four years of age because of their vulnerability to the more devastating aspects of enteric diseases. The target population to be educated was parents with these young children who could take the needed prevention measures.

Assessment...

HHS staff interviewed other local health department personnel who had worked on their community's WRI outbreaks. Information was gathered on the disease's causes and effects, the department's and community's short and long-term responses and resulting materials, policies, laws and procedures. State personnel who had worked on the outbreak were also interviewed. An internet search was conducted. As a result a rough "model" illustrating the causes of enteric diseases and the possible needed interventions were developed (see enclosed). It is being used to educate our community partners and to help HHS staff keep track of all the many "education, engineering and enforcement" aspects of WRI prevention.

Community gatekeepers were invited to a meeting hosted by HHS staff. In this first year of work, the targeted gatekeeper populations were identified as swimming instructors, summer camp directors and park rangers.

The objectives of the meeting were:

1. To share why Whatcom County Health and Human Services (public health) was concerned with WRI's.
2. To learn what community swimming organizations were doing and were interested in doing about WRIs so to plan HHS's 2001 course of action.

3. To develop working partnerships with key “gatekeepers” in the prevention of WRIs well before any possible outbreak might occur.

Development of resources...

It was the expressed desire of the gatekeepers, and readily agreed upon by the HHS staff, to focus the first year’s prevention work on educational efforts. No resources were available for engineering (such as sprinkler playgrounds for tots) or enforcement (such as policies preventing non-toilet trained children out of lakes).

It was decided to develop three education pieces (see enclosed). All the gatekeeper groups agreed to post and distribute them to their swimming clients. They were:

1. Signs promoting the importance of “handwashing”, “not feeding waterfowl” and “keep WRIs out of your mouth”. Following the gatekeepers’ suggestion, one set of posters was designed for parents and another for children.
2. A brochure dealing with all three subjects that also included a quiz. Again, following a gatekeeper’s idea, a quiz was included as an educational tool to help parents teach their young children about WRIs.
3. A “static cling” promoting handwashing to be used as a prize for answering the quiz and a way to put the handwashing message immediately in the faces (on the mirrors) of bathroom users.

The first drafts of the materials were mailed to the gatekeepers and local and state health department staff for critique. Also, three mothers and their young children (ages 3, 4, 5 and 6) were individually interviewed as to their reactions to the materials. Several pieces were redesigned based on feedback.

The educational pieces were produced and distributed according to how many each gatekeeper thought they could use during the summer.

A press release was sent announcing the project’s efforts. One radio station called for an interview. Further media coverage was not pursued due to wanting to put our energy in learning from these first year efforts.

Evaluation...

An “End of Swimming Season Survey” was conducted by telephone during October—see enclosed. The type of use and the barriers to posting and distributing the pieces were numerous and varied. However, each gatekeeper did use the pieces in some way and described them as useful and that they would use them again. A couple expressed desire for HHS to continue the project’s efforts. When asked if they would attend next year’s meeting to continue the promotion of WRI prevention, everyone said “yes” or they would try to attend.

In conclusion...

From the original meeting, continued conversations and the survey we learned many lessons regarding the dynamics of preventing WRIs.

1. Alternative methods of distribution: Sixty percent or more of the gatekeepers posted or distributed the signage, brochure and static clings in some manner to visitors and/or their staff. Yet the summer is so busy for parks and summer camps that additional ways for distribution should be considered. Camp registration mailings with the WRI brochure as an insert might be utilized or interesting educational displays built to attract park visitors to help themselves to the WRI materials.
2. Children's educators: This year's educational efforts were dependent on parents being the children's primary educators and interveners on WRIs. Yet one gatekeeper reported serious neglect issues that could result in drowning and angry letters of protest when park staff made safety interventions. HHS staff have reported similar experiences of neglectful parents while inspecting hotel pools. One interviewed mother (of a preschooler) expressed similar concerns regarding how many parents are using lakes and pools as child entertainment so that they can have some time to themselves? Are parents as WRI educators a feasible idea? Consideration should be given to widening the circle of gatekeepers such as enlisting childcare professionals and elementary teachers to teach children about WRIs.
3. Research: Studies need to be done regarding the health of Whatcom County's recreational lakes. This assessment would give health and safety workers a resource on the possibility of a Whatcom County's WRI outbreak, assist the garnering of support and justify appropriate prevention efforts.
4. The Two Other E's: Educational efforts need to continue but discussion should also begin on feasible engineering and enforcement efforts that will not burden but will help already busy park, summer camp and swimming safety staff.
5. Team Building: We hope a working partnership has begun in case of an outbreak. Other communities that had had outbreaks described the ill feelings between organizations and then between these organizations and the public. We hope that this year's efforts will instead promote trusting and helpful relationships that will benefit Whatcom County if a WRI outbreak ever occurs.

We learned a great deal from our project partners. We especially appreciate the gatekeepers' allowing a government entity (and one that inspects some of these organizations' services at that!) to hear about their challenges in serving and protecting their clients from WRIs. We wholeheartedly thank them and look forward to working with them in these prevention efforts next year.

**Water Recreational Illness Prevention Project:
End of Swimming Season Survey—2001**

Whatcom County Health and Human Services
Conducted by Pamela Wild, Public Health Educator
January 30, 2002

1. Was the signage posted? How was it posted? Any staff or community reaction to the signage? Any suggestions on how to improve it for next year?

Water Safety Instruction #1

“I posted them at our organization. Gave all the printed materials (posters, brochures, static clings) to the six private and public pools that teach our water safety classes. Please send me more static clings.”

Water Safety Instruction #2

“The posters were not posted.”

Summer Camp #1

“We put all the posters up at the beach, bathrooms and main building. I didn’t hear any comments. I think the materials are adequate.”

Summer Camp #2

“No posters were put up. We have a private camp. We control every person who enters our beach water. Every one has to be 8 years or older. So no pre-potty trained children are allowed in the water.” (When I asked how they know if a sick adult is entering the water, the community partner answered...) “All our visitors are screened by the nurse. We know if they are sick or not. They also get instructions from the nurse to tell her if they are sick.”

Summer Camp #3

“We put them up at the swimming area and bath houses. The lifeguards talked about the hazards of drinking the lake water and the importance of handwashing as part of the waterfront orientation. But they didn’t refer to or incorporate the signage. I didn’t hear of any reactions from the campers or the public.”

Public Park #1

“We posted the signage at one park in the changing room windows and at the pavilion at another park. Some people said that they appreciated the posters especially the swimmer’s itch. Staff were able to direct patrons to the posters to explain the “whys” of their interventions. We only got positive comments. We have never allowed nude children in the water. The posters helped explain the diaper regulation issues. We also always intervene if they have just a diaper on. We require swimming diapers and patrons get upset. The posters helped explain that it is a public safety issue.”

May 29, 2002

Dear Water Recreational Illness (WRI) Community Partner,

Once again, we thank you for sharing your experiences, your enthusiastic participation and, most of all, your concern about preventing WRIs.

Attached are the minutes of our second annual meeting. You continue to inspire us with your ideas and we will be working hard this summer to provide these new resources. They will include:

- ◆ More copies of the WRI brochure, posters and handwashing static clings for this upcoming swimming season
- ◆ WRI notice and links for your organization websites including the HHS website
- ◆ A “Parents! Please watch your children!” drowning prevention poster based on last year’s design
- ◆ Lawn art consisting of a mother Canada goose and goslings advocating water safety tips replete with brochure and static cling dispensers
- ◆ A “kid friendly” bathroom checklist
- ◆ WRI brochure available early in 2003 for your camp registration mailings
- ◆ Press release so to educate the public through the media as well as our efforts
- ◆ Information on blue-green algae
- ◆ Information on symptoms and lack of symptoms of WRI human vectors
- ◆ Report on the next lake test results

Finally we will be sending a thank you letter to your director, voicing our appreciation of your involvement and support. Please do not hesitate to call us with any questions or new ideas. We will be in contact with you soon.

Regards,

Paul Chudek
Supervisor, Living Environment Program

Rebecca Brown
Environmental Health Specialist

Pamela Wild
Public Health Educator